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THE YELLOW FEVER OF HAVANA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the following account of the yellow fever, or the inflammatory fever of West India ports. In it are stated what I assume to be its especial causes, its various degrees of force in different subjects, its several distinct stages and their predominant symptoms, and its cure.

Hoping you may find what I offer, acceptable, for insertion in your Journal, it is submitted to be at your disposition, by

Respected Sir, your obedient servant,

Havana, June 21, 1835.

DANIEL OSGOOD.

In a letter to Cyrus Perkins, M.D., published by Elam Bliss, New York, 1820, by the present writer, it was stated and argued in regard to the especial predisposing cause of this fever and its localities, that oxygen gas, when it has been taken into the stomach, or breathed in a pure state, operates as a poison, and causes the especial character of this disease in its subjects; that this gas has been found by endiometrical experiments of several philosophers, to superabound in certain places, where it had been set at liberty from bodies of waters, by the action of the sun and air, at a high degree of temperature; that the conditions for the production and accumulation of the same are presented in West India ports, and in the other places where the disease has appeared; and, lastly, countervailing causes were assigned to account for its non-appearance in other like-conditioned places.

The most frequent of the occasional causes is a sudden exposure to changes in the state of the atmosphere. The variations in the atmospheric temperature influencing the cause, may be from the mean 84° , minimum 76° , maximum 92° . In Havana, to within this range of the heat the fever may be limited, although it is sometimes seen when the temperature is below 76° ; when the heat is at about 90° , the sea and land breezes alternate, so that it seldom rises above 92° . These breezes shift the water in and out of the bay, and disperse the exhalations, and during their continuance but few cases of fever occur.

A prevailing north or north-west wind from the sea, puts a stop to the occurrence of new cases, altogether; whereas these are greatly increased and aggravated by an eastwardly wind, when it has blown for several days in succession across the bay at the windward of the city.

Until of late, the easterly winds were almost always prevalent, and with them fever was always present. For a few years past the winds have been more variable, and the fever less frequent in its occurrence.

The bay of Havana, except at its entrance, is environed by high barren land, and its shores are as clean as the rocks washed by the sea. The atmosphere of this place, therefore, cannot be suspected to abound in putridinous gases ; besides which, it is remarkable that patients with fevers, while on their passage here from marshy situations, or in ships crowded with men, are found speedily to recover after their arrival, while others, who had not been sick on their passage, have been in a short time seized with the inflammatory fever.

This fever differs from the others, particularly in not having, like them, daily exacerbations and remissions of paroxysms. These facts tend to prove that the causes of the different epidemic and endemic fevers are distinct in kind and produce specific effects, independently of their differences in degree. Still foul air is not to be excluded from the list of the remote causes of this fever ; for whatever proves capable of disturbing the healthy functions, may give occasion to the taking place of this as well as of other diseases.

Other frequent causes are, insolation ; and any excess in conduct, as the committing of a debauch, giving loose to the reins of the passions, hasty and violent exercise after idleness, fretting in affairs of business, neglecting to keep the excretions free, and the tampering with medicines. The proximate cause is a sudden diminution of the force of the vital principle by the operation of the especial predisposing cause, to so great a degree as to destroy the predominant influence of the vital over the physical operations in the system. Individuals acclimated to a high degree of heat, but not to a superabundance of oxygen gas in the atmosphere, as well as the unacclimated to both, are found liable to be attacked, but the latter more so than the former.

The acclimated inhabitants are subjects for most of the inflammatory affections of the same fever ; but they are exempt from that form of it particularly in which the black vomit is seen. The reason of their exemption from this symptom may be the known fact that their solids possess less constitutional tone, and their fluids less density, and a lower degree of temperature, than those of the unacclimated.

The predisposition, in persons of moderate and regular habits, endangers them to but a slight attack, which seldom continues over 36 or 48 hours ; whereas those of immoderate and irregular habits are subject to be more readily overtaken by the disease, and to be affected by it much more violently.

The symptoms of the fever are chiefly such as characterize the synocha of Cullen, or rather the *causus* of the ancients ; it has no other diagnostics but those of its inflammatory character for its *sine qua non* ; and none of those unclassic names heretofore given it are authorized by any symptom that invariably attends it at any period of its course. Therefore, until some nosologist shall have classified it with a more eligible denomination, there can be no impropriety in its being called the Inflammatory Fever of West India Ports ; or the *Causus*. If the latter were adopted, it could not be confounded with any name now in use for whatever other disease. Under this denomination we have the description by Areteus of a burning fever, which answers to no other but the one under consideration.

The common symptoms, requiring particular notice, with a view to the treatment, are the following, viz. : at the beginning the tongue is white or yellow over its central parts, with little or no unusual appearance on its borders ; the pulse is quick, full and dilated ; nausea and vomiting of a clear watery mucus or thin yellow bile occur ; the skin is hot ; the color, especially on the face, and the sclerotic tunic, is of a fiery redness ; and the eyes have an eager expression of some uncertain design.

This is the active inflammatory period. By proper treatment the inflammatory state may be brought to end in the convalescence of the patient on the third, fourth or fifth day ; but if it should continue unmitigated, new symptoms will supervene, with which a second period commences. The tongue will now be found not only white or yellowish over its central part, but its borders will appear inflamed ; the pulse, still quick and hard, will be contracted ; a burning heat will be felt in the stomach, and everything taken into the mouth, except pure cold water, by spoon-fuls only at a time, will be rejected ; frequent watery stools without fæces will be passed ; and the epigastrium, if pressed upon by the hand, will feel tumid and sore. These being the diagnostics of gastritis, &c., this second may be termed the phlegmonic period. In some instances the symptoms by which this period is commonly to be distinguished from the other, have been amongst the first to take place ; thus constituting one of both the usually distinct periods. This period may likewise terminate on the third, fourth or fifth day ; but, if sooner or later the change be not favorable, with it a third period begins. In this the pulse and heat subside suddenly, and fall even below the healthy state ; the skin loses its former high color, and in many cases changes to a yellow. The eyes appear of a turbid cast, the propensity to vomit is for the most part incessant, and, when vomiting takes place, it brings up either turbid mucus, phlegm with brown colored specks like flakes of soot, or the liquor, with a granular sediment, thought most in appearance to resemble coffee with its grounds ; and, lastly, singultus and convulsions in some instances. The foregoing, should the patient survive them without becoming convalescent, are precursory symptoms to a secondary fever. The pulse and heat soon rise to a feverish height ; the pulse has a compressible feel, but is full and quick. The skin is commonly parched with heat, though in some cases it is continually hot and damp ; petechiæ, vibices, passive hemorrhages, singultus, subsultus tendinum, sometimes one or more tumors arising on superficial muscular and glandular parts ; in short, most or all of the symptoms by which the plague of the Levant is distinguished, are seen in this period.

An erysipelatous inflammation of the stomach, or the whole alimentary canal and outwards, is not an infrequent symptom in this, which may be termed the passive inflammatory period. Instances occur, where this fever is prevailing, of persons who die suddenly, while predisposed to it, without having experienced any of the affections of the disease. In other instances the disease first begins with the symptoms of this period, those of neither of the others having previously taken place. Hence it may be inferred, that the poison which causes this fever sometimes operates with such violence, as suddenly to impair the vital principle in such a manner as to incapacitate it for the supporting of life. In all

cases, this principle having been deprived of its controlling influence, in some measure, over the physical movements, and their tendencies to dissolution, it is clear that the cure ought never to be trusted to the expectant plan of treatment. On the contrary, the antagonists to the vital forces must be reduced and brought under subjection by the use of means for moderating their high activity.

In effecting this intention, the powers of the system are not to be reduced so low as to render them incapable of performing their proper functions, by too much bleeding or by repeated doses of irritating medicines, to promote the excretions, or for any other purpose. The use of the latter means, it is to be feared, was too much the practice of some of the most distinguished physicians, prior to the date of the above-mentioned letter, in which the same was recommended, for an example to be followed, on their authority.

It has only been lately that the instructions of Dr. Cullen for the treatment of gastritis and gastro-enteritis have been duly attended to, by many physicians, in the treatment of this fever. Nor has the practice some pursue, at the present day, who depend on repeated bloodletting, until the fever leaves their patients, proved less dangerous than the other.

Numerous instances might be cited of death in consequence of passive hæmorrhages and a continued flowing of the thinned blood from the relaxed orifices remaining open, which had been made by the lancet and leeches. In the first stage of the fever, while the tongue is seen only to be white, or yellowish about its centre, without inflammation on its borders, and whilst the pulse is found dilated, for cases not forbidding venesection this operation should be immediately performed, and carried at once to the extent found requisite for moderating the fulness and the hardness of the pulse, and relieving the patient of his pains and heat to a sufficient degree. After the bleeding, and without any delay, a purge should be given for expelling the irritating contents accumulated in the first passages, and those communicating with them and the circulatory system, before they can have passed into the circulations. This will aid in the effecting of general depletion, and may thereby prevent the repetition of bloodletting to the extent which might otherwise have been considered requisite. Patients commonly, at this period, experiencing more or less propensity to vomit, can best take medicine in the form of pills. *R. Ext. Colocynth. Com. Hydrarg. muriat. mit ana grs. xv. m. fiant pil. v.* Of these 3 or the whole 5, if taken, will soon settle the stomach, and may produce free stools in the course of 5 or 6 hours; but if not, *R. Sulphat. magnes. 3ss. solve in aqua com. 3iv. vel. Ol. Ricini 3ss. aqua com. 3ij. Syr. Rosæ 3ij. m.* Either of these laxatives or laxative clysters may be given to assist the effect of the pills. Such a dose has often prevented the fever when threatened, and not unfrequently put a stop to it after it had commenced. When, notwithstanding the first bleeding and purging, the pains, heat, &c. have returned, venesection, either in the arms or the feet, the latter being placed in warm water, must be repeated, but without subsequently repeating the pills.

If the bowels are uneasy and straitened, gentle laxative medicines or clysters may be given to relieve them. Diluting drinks, mean time, should be freely taken; as barley water, weak lemonade, and the like. To

a draught of either of these beverages may be added, every 4th hour, Nitrat. potassæ gr. v. vel. R. Aquæ Ammon. Acet. 3 iss. Nitrat. potas. 3i. Decoct. corn. cerv. ust. 3 iv. Syr. Rosæ 3 ss. m. Dose 3 table-spoonfulls.

For removing any very considerable pain remaining, leeches may be found necessary, and emollient fomentations, to be applied over the parts affected; warm foot-baths and sinapisms to the soles of the feet are often beneficial, especially for pain in the head.

In the phlegmonic period, no purgative or other medicines can be given while the irritation of the stomach continues. Blood must first be taken by the lancet, or by leeches, or both. Cupping and scarifying will have the best effect if much uneasiness be felt in the præcordia, to be applied near to the part.

Farther to moderate the inflammation, the abdomen should be fomented with some emollient decoction and vinegar mixed together, and laxative emollient clysters, also mixed with vinegar, must be made use of for cooling and cleansing the bowels, unless the patient be harassed by too frequent stools; in which case apply leeches, and after their removal an emollient cataplasm over the hæmorrhoidal part. Until other drinks can be taken, without repugnance to the stomach, a spoonfull of cold water to moisten the mouth and throat, and relieve in some degree the uneasiness of thirst, should frequently be given. It will generally be found requisite to repeat the application of leeches over the epigastrium, and emollient fomentations and cataplasms over the whole abdomen. By the assiduous use of such means, to the exclusion of every other capable of producing a more stimulating effect, the organic inflammation may be speedily removed, so that cooling drinks and aperient medicines can be received into the stomach, which may then be given, if required, for removing any inflammatory symptoms remaining.

When unfortunately the third stage commences, it must be met and opposed with means directed against the affections which arise.

In the beginning, if the bowels had been previously neglected, it may be required for the removal of offending matters in them, to administer enemas of sea water and vinegar; or oleaginous clysters, prepared by adding soap and olive oil, or castor oil, to a suitable quantity of some emollient decoction to form a mixture.

Farther against the anti-peristaltic perversion, on which the vomiting much depends, opiate enemas may be very serviceable. R. Infus. Sen. Lini. 3 iv. vel. vi. Tinct. Opi. 3 ss. vel. j. m. Also frictions over the abdomen with powder of mustard mixed in water, and sometimes a sinapism or a blister, may be applied with advantage. Pure cold water or ice water is the only drink to be given, not to excite vomiting, and that but in small quantities at a time.

To raise the fallen pulse and restore warmth, apply strong sinapisms to the soles of the feet, the palms of the hands and the arms and legs; also frictions of mustard and water or other warming liquids over other parts of the body; and if the stomach will permit, give some warm beverage—R. Decoct. corn. cerv. un. 3 iij. mist. camphorat. 3 ss. syrup. com. 3 ij. m.—for a draught.

If the pulse and heat have risen to a state of fever, recourse is to be had to cooling diluting drinks and diaphoretic and diurectic medicines,

as before. Some laxative draught should be given if the state of the bowels require it. *R. Pulp. Tamarind. maonæ, ana ʒiij. solve in decoct. althææ, Hj. one third part to be taken every two hours, or laxative enemas may be employed. Cold water, if much craved, should be given. Cold bathing, when the skin is parched with heat, or tepid when the surface is uncomfortably moist, may be used with benefit. When the pores of the skin are obstinately constricted, frictions with olive oil over the whole body, and afterwards bathing, will often be found to promote the flow of perspiration.*

The erysipelatous inflammation should be moderated by cupping and scarifying over the parts of the abdomen most suffering; also emollient decoctions must be employed for fomenting the skin and for enemas and semicupium. For drink, gum water or the Decoct. corn. cerv. ust. will be proper, and a few drops *Spt. æth. nitri.* may be added occasionally.

For the spasmodic affections, antispasmodics must be taken every 4th hour: as, *R. Gum. opii. gr. j. f. pil. j. vel. R. Assafœtidæ ʒij. aq. com. ʒvi. m. dose ʒi. vel. R. Moschi gum Arabic sac. pur. ana ʒj. aqua rosæ ʒvj. m. dose ʒss. to ʒj.* During the occurrence of convulsions, give half a drachm, or a drachm of sulphuric æther, every hour. The tumors that may arise behind the ears or elsewhere, should, when they appear, be brought to suppurate with warm fomentations and cataplasms. If repelled, they prove fatal. In general, all tonic and stimulating drinks and medicines, even in this passive stage of the fever, have proved detrimental in most instances where they have been employed. So soon as light aliments can be taken without loathing, the patient should be allowed milk, sago, panada, or broth made of chicken or veal, as he may like best, and toast water and refreshing beverages for drink.

The same should be observed in other periods of the disease, in respect to tonic medicines and to food and drinks, at the commencement of their recovery, for the preventing of relapses. By the cautious use of light food and of nothing stronger than weak claret and water or beer, the convalescents soon find themselves perfectly well.

The writer will here subjoin, as he thinks it his duty, after thirty years of almost uninterrupted practice and observation in West India ports, that when other views have been pursued, materially differing from those above taken, defective as they will be found, for the treatment of this disease, one in ten of the patients have been lost; of whom 49 out of 50 might otherwise have been saved.

CASES OF POISONING, PROBABLY FROM THE USE OF NEW CHEESE.

BY STEPHEN W. WILLIAMS, M.D., ETC.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT 11 o'clock in the night of the 7th of July, 1835, I was called to Mrs. E. N., who was complaining of excruciating pain and distress in her stomach and bowels. Her stomach was extremely tense and sore to the touch, and there was much febrile excitement in the system. She had been taking an infusion of thoroughwort (*eupatorium perfoliatum*),

which had excited vomiting, and she had also been using enemata of the same, which had procured some discharges from her bowels. I inquired of her what she had eaten for supper, and she said, "nothing but a little bread and butter, and some new cheese" which she had that afternoon purchased of a pedlar, and a cup of tea. As she had heretofore been subject to such attacks of pain and soreness in the stomach, I hardly thought of its being excited by the cheese. I gave her a dose of calomel, to be followed by castor oil, and directed fomentations to her stomach and bowels. I left her relieved between twelve and one o'clock.

About an hour after, I was called from my bed in haste, to visit Mr. N. and wife who were both complaining of extreme sickness at the stomach, violent pain in the stomach and bowels, and great soreness in those regions. Mr. N. was puking and purging excessively, and was very much exhausted. Mrs. N. was also vomiting continually. She was very much cramped. As she was in a state of pregnancy, I feared it might bring on premature labor. She was also considerably reduced. I inquired of them what they had eaten for supper. Mr. N. informed me that with other things, such as he usually eat at night, he had eaten freely of new cheese which he got at his mother's that evening, which was the same with that which produced his mother's sickness the same night. His wife took tea two or three hours before, but just before bed time she eat a large slice of the same cheese. They were both attacked with sickness and pain at the stomach about an hour after. I prepared for them the compound chalk mixture with a large addition of laudanum, and directed fomentations to the bowels and injections for Mrs. N. Mr. N. was able to be about the next day, although much exhausted. Mrs. N. remained quite sick several days. In passing up street the next morning to visit these patients, I was accosted by several people, who informed me that the night before they had been attacked with violent pain in the stomach and bowels, and some of them with cholera morbus. They all stated to me that they had eaten freely of the cheese which had produced the sickness in the N. family. I learned that the whole number who had been thus affected, was at least sixteen. One man who had no belief that the cheese was poisonous, eat a large piece of it in brava-do, and paid dearly for his folly. He was attacked with violent and excruciating colic, which continued several hours. A dog, which eat freely of some of this cheese, which Mr. Wells, a pupil of mine, was macerating in water for experimenting, was taken violently sick and vomited a long while. Soon after these cases occurred, I sent the following notice to the editor of the Franklin Mercury, which was published in his paper of July 14, 1835. About sixteen persons were seriously affected in Deerfield, with violent pain and inflammation in the stomach and bowels, on the evening of the 7th inst., in consequence, it is believed, of eating new cheese, purchased from a farmer from Guildford, Vermont. Soon after eating it the patients were violently affected with pain and sickness at the stomach, with great distention of that organ and of the bowels, with obstinate vomiting, and in one or two instances with symptoms resembling cholera morbus. None of the cases terminated fatally, although some of the patients were seriously sick and have not yet recovered.

It ought to be generally known, that owing to the sophistication or adulteration of arnotto (or, as it is usually called, otter), which is used for the purpose of giving a high and rich color to the cheese, many people have been heretofore poisoned by eating it. A few years since, it is understood, a family in a neighboring town was poisoned by eating new cheese, highly colored by this substance. Many other instances of a similar nature are on record. Genuine arnotto is a vegetable extract, and harmless, but as it is somewhat expensive, it is often adulterated with red lead, which costs less, and when thus adulterated and applied to butter and cheese, it renders them a deadly poison. Arnotto should never be used about butter and cheese. It merely heightens the color of these articles, without improving the quality, and in many instances it renders them pernicious poisons. In proof of this, I send you the following statement from Accum on Culinary Poisons, a work of standard merit.

"*Poisonous Cheese.*—Several instances have come under my notice in which Gloucester cheese has been contaminated with red lead, and has produced serious consequences on being taken into the stomach. In one poisonous sample which it fell to my lot to investigate, the evil had been caused by the sophistication of the arnotto employed for coloring cheese. This substance was found to contain a portion of red lead, a method of sophistication which has been confirmed by the following fact, communicated to the public by Mr. J. W. Wright, of Cambridge (Repository of Arts, vol. 8).

"As a striking example of the extent to which adulterated articles of food may be unconsciously diffused, and of the consequent difficulty of detecting the real fabricators of them, it may not be uninteresting to relate to your readers the various steps by which the fraud of a poisonous adulteration of cheese was traced to its source.

"In the instance now alluded to, and probably in all other cases, the deleterious mixture may be caused ignorantly, by the adulteration of the arnotto employed for coloring the cheese. This substance, in the instance I shall relate, was found to contain a portion of red lead; a species of adulteration which subsequent experiments have shown to be by no means uncommon. I shall relate the circumstance which gave rise to the detection. A gentleman who had occasion to reside for some time in a city in the west of England, was one night seized with a distressing but indescribable pain in the region of the abdomen and of the stomach, accompanied by a feeling of tension, which occasioned much restlessness, anxiety and repugnance to food. He began to apprehend the access of an inflammatory disorder; but in twenty-four hours the symptoms entirely subsided. In four days afterwards he experienced an attack precisely similar; and he then recollected, that having, on both occasions, arrived from the country late in the evening, he had ordered a plate of toasted Gloucester cheese, of which he had partaken heartily; a dish, when at home, regularly served him for supper. He attributed his illness to the cheese. The circumstance was mentioned to the mistress of the inn, who expressed great surprise, as the cheese in question was not purchased from a country dealer, but from a highly respectable shop in London. He therefore ascribed the before-mentioned effects to some peculiarity in his constitution. A few days afterwards he partook

of the same cheese; and he had scarcely retired to rest, when a most violent colic seized him, which lasted the whole night and a part of the ensuing day. The cook was now directed henceforth not to serve up any more toasted cheese, and he never again experienced these distressing symptoms. Whilst this matter was a subject of conversation in the house, a servant maid mentioned that a Kitten had been violently sick after having eaten the rind cut off from the cheese prepared for the gentleman's supper. The landlady, in consequence of this statement, ordered the cheese to be examined by a chemist in the vicinity, who returned for answer, that the cheese was contaminated with lead! So unexpected an answer arrested general attention, and more particularly as the suspected cheese had been served up for several other customers.

"Application was therefore made by the London dealer to the farmer who manufactured the cheese. He declared that he had bought the arnotto of a mercantile traveller, who had supplied him and his neighbors for years with that commodity, without giving occasion for a single complaint. On subsequent inquiries, through a circuitous channel, on the part of the manufacturer of the cheese, it was found that as the supplies of the arnotto had been defective and of inferior quality, recourse had been had to the expedient of coloring the commodity with vermilion. Even this admixture could not be considered deleterious. But on further application being made to the druggist who sold the article, the answer was, that the vermilion had been mixed with a portion of red lead; and the deception was held to be perfectly innocent, as frequently practised on the supposition that the vermilion would be used only as a pigment for house painting. Thus the druggist sold his vermilion in the regular way of trade, adulterated with red lead to increase his profit, without any suspicion of the use to which it would be applied; and the purchaser who adulterated the arnotto, presuming that the vermilion was genuine, had no hesitation in heightening the color of his spurious arnotto with so harmless an adjunct. Thus through the circuitous and diversified operations of commerce, a portion of deadly poison may find admission into the necessaries of life, in a way which can attach no criminality to the parties through whose hands it has necessarily passed."

Test.—I procured a quantity of the cheese which was eaten from by the N. family, and subjected it to the following experiment. The cheese was covered with a thick yellow coat, and the whole body of it was of a yellow color.

1. I macerated a quantity of it in warm water for three or four days, and added to the macerated solution a few drops of sulphuretted hydrogen, which is one of the most delicate tests of lead yet discovered, as it will detect the minutest portion of it. The macerated cheese was immediately blackened by it, showing incontestibly the presence of lead in the cheese, and probably in sufficient quantity to induce the symptoms enumerated above in my patients.

2. Upon applying a few drops of nitric acid upon the macerated cheese, which had been blackened by the sulphuretted hydrogen, it removed the black color, and restored it to its original color. This is considered by Dr. Lamb a further proof of the presence of lead.

Deerfield, Mass. Aug. 17, 1835.

HISTORY OF THE SMALLPOX IN STOW, MASS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Abigail Allen, 17 years of age, has spent rather more than two years in a papermill, and has for many months been subject to sick headache. On Saturday, May 2d, she had what she thought a common sick headache—but on Sunday she found herself no better, “but rather grew worse.” Nausea, pain in back and loins, little or no appetite, chills imperfectly marked, or but little notice taken of them. Monday, May 4, no better. Dr. N. was called. I know not what he gave her, but the eruption began to appear on Monday or Tuesday, and he called the disease “eruptive fever”—a diagnosis, which, I presume, no one will call in question. On Wednesday, her friends took her home, being assured by Dr. N. that there was no danger from contagion. She was particularly guarded against any cool air—her drinks, &c. given warm, and her face bathed in warm milk and water.

I saw her, for the first time, on Sunday, May 10. Her face swollen to nearly twice its natural size, and covered with pustules the size of large half peas—the peculiar odor, deep red skin, swollen throat, and dyspnoea, declared, most emphatically, the nature of the disease. Her throat and tongue were so swollen and painful as to prevent her from protruding the latter, but there appeared some brownish fur upon it. Ptyalism had been rather urgent; respiration very laborious, especially at times; articulation very difficult. Has had very little rest for the last 48 hours; pulse 84; no dejection during the last four or five days; pustules full, distinct, yellowish white, with no perceptible areolæ around them; so numerous on the face, as to cover nearly 1-3 of the surface, but much less numerous on other parts of the body.

Wednesday, May 13, 9th day of the eruption, pustules were becoming nearly confluent on some parts of the face; some turning more yellow; cupped; some suppurating and forming large irregular scabs; on the nose and forehead is one particularly large, and from two to four lines in thickness. During the latter part of the week, the scabs began to come off; some of the pustules suppurated and some flattened, and a few on the lower extremities turned purple. Swelling of face and eyelids such as to preclude light from the eyes; yet her tongue was cleaning, pulse softening, strength recruiting, and nights becoming more quiet.

In the course of the following week, commencing May 17, the pustules had all flattened, or turned into scabs, and most of these were detached, those on the face always taking precedence; swelling subsided, eyes were opened, appetite returned. She walked out, was well, and discharged.

On Friday afternoon, May 8, her mother took charge of her, as nurse. Neither of them had ever been vaccinated. Monday afternoon, three days after exposure, I vaccinated the mother; and on Wednesday following, inoculated her from the arm of her daughter—this was the 9th day of the eruption. In making up my mind to do this, I was kindly assisted by the advice of two other very respectable physicians present, who thought the vaccine virus, inserted three days after exposure to the smallpox, would hardly be a sure protection against that disease, but that in-

oculation would very considerably modify it, allowing it had already been communicated to her. Both the vaccine and smallpox virus succeeded in producing each its appropriate sore on the arm. The constitutional symptoms were lassitude, loss of appetite, costiveness, some pain in head and back, and great mental depression. Eruption took place on the fourth and fifth days after inoculation, and the pustules were precisely similar to those of the daughter, though not one-tenth the number, producing the same odor, but going through the processes of suppuration, scabbing and desiccation in a much shorter time; so that, two or three weeks afterward, when the disks (which, from their resemblance to parsnip seeds, have obtained the latter name), were detached from the base of each pustule of the daughter, they were also afforded by each pustule of the mother. After they were detached, a deep redness remained on the surfaces they had occupied on the face of the daughter, which is gradually fading, and leaving large cicatrices and depressions, or pits—though the redness is still very considerable, and perhaps will be so for many months to come.

The treatment consisted in allowing a free circulation of air, mild cathartics, refrigerants, diluents, mineral and vegetable acids, and tonics; diet and regimen, very light and cool.

In the above remarks, nothing new or curious meets the eye; but I have been induced to communicate it to you, more on account of the misrepresentations that have gone abroad, than for any other reason. You are at liberty, therefore, to make what use of it you please.

Yours, &c.

HERMON CHANDLER.

Stow, July 21st, 1835.

MEDICAL COLLEGE OF OHIO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the 25th No. of Vol. XII. of your Journal, I find a short reference to the doings of the Western Medical Gazette. You say it “condemns the Medical College of Ohio, at a terrible rate, for its misdeeds—one of which is for granting a parchment to a book-binding dentist, &c.”

Now as this is but a partial view of the case, and as many may be led to think it a frivolous ground for complaint, I beg that you will correct it, by saying that we found fault with the College for bestowing upon an uneducated, unaspiring, and obscure man, the highest honor of the institution—that of an HONORARY degree, and for purposes which you will readily comprehend.

This was not all. Ohio, in her liberal spirit, had built and amply endowed a Medical College, that her sons might have easy access to medical instruction of a high order. But instead of the proud success which was reasonably anticipated, and the high standard of professional attainment which its faculty should have ever inculcated, both by precept and example, it graduates, at the very moment the pestilence of Thomsonian quackery is sweeping over the land—a devotee of this nefarious system—a STEAM DOCTOR!

NATURAL CONNECTION OF TWINS SUCCESSFULLY DISSEVERED.

AN interesting case of this kind, which occurred in November, 1833, is related in the *Western Medical and Surgical Journal*, by Dr. Little, of Otsego county, N. Y. The body of but one child, however, was perfect, being double only below the sternum—the redundant part constituting a perfectly formed pelvis and lower limbs, with the male organs of generation, and as large in all their dimensions as the corresponding parts of the child. The connecting medium was two inches long, two and a half wide, and one and a half thick, and a little above its centre, extending through it an inch and a half from the child, was a hard substance, apparently a prolongation of the ensiform cartilage. The pulsation of an artery could also be felt. The limbs of the parasite had no muscular motion, and were crossed upon each other, though the sense of feeling existed in them as perfectly as in the other limbs. There was no trace of the anus; urine, in small quantities, was discharged once in two or three days. These parts exhibited every indication of being amply nourished. They were moveable on the connecting medium, and could be turned one quarter round without difficulty; but when the rotation was carried further, the child cried from pain.

At the request of the parents, the separation was made when the child was six weeks old, at about three fourths of an inch from the body. The hard substance referred to was found to be cartilaginous, of an exceedingly fine texture, approaching to ossification. Immediately below the cartilage was a sheath, containing an artery, vein and nerve, of considerable size. The two former were tied separately and divided, as well as several other small vessels, which bled smartly. The child was very faint, and much exhausted after the operation, which lasted a quarter of an hour. In a few hours it revived, and passed the night comfortably. The parts removed weighed two pounds six ounces. The substance divided consisted of the common integument—a thin layer of very vascular cellular membrane—the cartilage before mentioned—and a portion of fleshy substance, in which muscular fibres could be traced. On the third day adhesion had taken place to some extent, and the wound seemed to be doing well. From this time recovery was rapid, without a single bad symptom, and the child is now in health and free from deformity.

Dr. Little mentions that the mother of this child became much interested in the story of the Siamese twins when in the seventh month of her pregnancy; she went on one occasion to the county town to see them, but was disappointed. The subject continued to occupy her thoughts, in spite of her efforts to banish it, for a long time.

THE UXBRIDGE SOMNAMBULIST.

FROM the repeated notices which, as journalists of medical science, we have given of new and before unheard-of varieties of somnambulism, which more than realized the anticipations of the sage but deluded advocates of animal magnetism, the profession may begin to suspect the disease is becoming infectious. The last marvellous case of the kind which has excited the astonishment of the public, is that of a young woman of Uxbridge, Mass. whose wonder-working fidgetings have been trumpeted through the columns of a country paper. Our correspondence with a highly reputable physician in the neighborhood, a gentleman of careful observation, whose opinion is entitled to perfect respect, emboldens us to

say that the Uxbridge somnambulist is playing off a miserably devised imposition. How many are aiding and abetting her in the scheme, we have no means of knowing. When such men as Dr. Belden of Springfield, Dr. Colby of Stanstead, or Dr. Willard of Uxbridge, certify to the correctness of the statements which have been circulated, the public may fully rely upon the truth of them.

Lectures on Comparative Anatomy.—So perfectly convinced are the learned, of the gross iniquity of the late Sir Everard Home, in pilfering from the manuscripts of Mr. Hunter, that since the publication of Mr. Clift's evidence before the committee of the House of Commons, his great work in six quarto volumes on *Comparative Anatomy*, by which he hoped to transmit a claim to the admiration of posterity, has fallen in price from eighteen to eight guineas, and the bookseller's advertisement contains the following curious paragraph, which is enough to ruin the fame of the once supposed author, for all future time—"According to Mr. Clift's evidence before the committee of the House of Commons, this work contains the substance and only remains of the unpublished writings of the celebrated John Hunter." An active inquiry is going on, which may detect more villainies of Sir Everard's than have yet been developed.

Liquor Potassæ in Cholera.—Mr. George, a medical practitioner in Kensington, Eng. administers the liquor potassæ in cholera in the following form :—

R. Liq. Potass. 3j.; Conf. Opiat. 3ss.; Tinct. Card. c. 3ij.; Aq. puræ, 3jss. suf. Mist. cap. dim. stat. et post horam unam repet.

Removal of the Astragalus.—Our correspondent, W. Gillespie, M.D. of Ellisville, Va. who detailed for the Journal a case of removal of the astragalus in the spring of 1833, informs us that he has recently seen the patient, and that she can walk with ease by the assistance of a crutch or cane.

Sulphate of Copper in Croup.—Dr. Serlo, of Crossen, has made use of the sulphate of copper with considerable success in many cases of what he considers as true croup, and which undoubtedly closely resembled this formidable disease. The children were between one and three years old, and took from twenty to thirty powders, of a quarter of a grain each, before the cough gave way; a quarter of a grain was administered every two hours as long as the cough continued dry and hoarse, and the remedy was only discontinued when all symptoms had subsided.

DIED.—In New London, Ct. 18th Aug. Foster Swift, aged 75, a Port Surgeon in the U. S. Army. Early in life he had been a surgeon in the U. S. Navy, on board the Portsmouth sloop of War, 1780, when captured by the Culloden 74, of Rodney's Fleet, and with the whole crew of the Portsmouth imprisoned a year in the harbor of St. Lucia, West Indies. Dr. S. was a native of Boston, and a son of Samuel Swift, Esq. a distinguished whig and martyr to the cause of freedom, while a prisoner in Boston, Anno 1775.—At Clifton, Eng. Wm. Hall Gilby, M.D.—At Boris, Ireland, county Carlow, John Wilcox, surg. of the Boris Dispensary.

Whole number of deaths in Boston for the week ending August 29, 45. Males, 28—Females, 17.

Of smallpox, 1—measles, 3—teething, 2—dropsy on the brain, 3—canker the bowels, 2—scrofula, 1—consumption, 5—cholera infantum, 2—dysentery, 5—marasmus, 1—infantile, 3—cholera morbus, 2—old age, 1—croup, 2—intemperance, 1—mortification, 1—fever, 1—cancer, 2—phthisis, 1—hooping cough, 2—scarlet fever, 1—dropsy, 1—inflammation of the bowels, 1.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.
 Theory and Practice of Medicine, by ELI IVEY, M.D.
 Chemistry and Pharmacy, by B. SILLIMAN, M.D.
 Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.
 Anatomy and Physiology, by J. KNIGHT, M.D.
 Obstetrics, by TIMOTHY P. BEERS, M.D.

The fee for each of the first five branches is \$12.50, and for the last \$6.00; which, together with a matriculation fee of \$5.00 and a contingent bill of \$2.50, are to be paid in advance. The graduation fee is \$15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from \$2 to \$3 a week, and other necessary articles in proportion. (Sept. 3—ep6w.)

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			Fees
Anatomy, and the Operations of Surgery,	by	JOHN C. WARREN, M.D.	\$15
Chemistry,	"	JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence,	"	WALTER CHANNING, M.D.	10
Materia Medica,	"	JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery,	"	GEORGE HAYWARD, M.D.	10
Theory and Practice of Physic, and Clinical Medicine,	"	JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.
 Boston, June 12, 1835. June 24—tN1. WALTER CHANNING, Dean.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

NORTHAMPTON, Mass.

Instruction in modern Dentistry will be given for a small additional compensation.
 May 13. eop6m

PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.
 Boston, February 4, 1835. eptf.

JOHN S. BARTLETT, M.D. M.M.S.S., late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 22 Atkinson Street.
 Boston, August 12, 1835. tf.

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